FEDERAL COMMUNICATIONS COMMISSION Washington, DC 20554

Approved by OMB 3060-0076 Est. time per response: 1 hour

COMMON CARRIER ANNUAL EMPLOYMENT REPORT

[Please read instructions before completing and for Notice regarding public burden.]

| SECTION 1 - General Information | | | |
|--|---|---|--|
| 1. Name and Mailing Address of R | espondent | | |
| Mountain View Telepi PO Box 1970 Mountain Home, AR | • • | | Check here if this is a change of address. |
| 2. Year Report Filed | 3. Reporting Period (Ending Date of Pay | 4. Number of Full-Time Employees during Selected | |
| 2017 | Period Covered by Report) February 12, 2017 | Reporting Period (check one): a. Fewer than 16 (complete Sections I, IV, and V only) b. 11 16 or more (complete all sections) | |
| SECTION II - Full-Time Employee | 8. | | |

| SECTION II - Full-Time Emplo | 3 y 00 | 8. I | | | | | | | | | | | | | | |
|---|---------------|---|--------|------------------------|---------------------------------|---|-------|---|-------------------|--------|---------------------------------|---|-------|---|-------------------|----|
| [| | Number of Employees (Report employees in only one category) | | | | | | | | | | | | | | |
| Job Categories | | Race/Ethnicity | | | | | | | | | | | | | | |
| | | Hispanic or Latino | | Not-Hispanic or Latino | | | | | | | | | | | | |
| | | | | Male | | | | | | Female | | | | | | |
| | | Male | Female | White | Black or African American | Native Hawaiian or Other Pacific Islander | Asian | American Indian or Alaska Native | Two or more races | White | Black or African American | Native Hawaiian or Other Pacific Islander | Asian | American Indian or Alaska Native | Two or more races | |
| | | A | В | С | D | E | F | G | н | ı | J | к | L | М | N | 0 |
| Executive/Senior Level Officials and Managers | 1.1 | | | | | | | | | | | | | | | 0 |
| First/Mid-Level Officials and Managers | 1.2 | | | 2 | | | | | | | | | | | | 2 |
| Professionals | 2 | | | 1 | | | | | | 1 | | | | | | 2 |
| Technicians | 3 | | | 1 | | | | | | | | | | | | l |
| Sales Workers | 4 | | | | | | | | | | | | | | | 0 |
| Administrative Support Workers | 5 | | | | | | | | | 4 | | | | | | 4 |
| Craft Workers | 6 | | | 9 | | | | | | | | | | | | 9 |
| Operatives | 7 | | | | | | | | | | | | | | | 0 |
| Laborers and Helpers | 8 | | | | | | | | | | | | | | | 0 |
| Service Workers | 9 | _ | | | | | | | | | | | | | | 0 |
| TOTAL | 10 | 0 | 0 | 13 | 0 | 0 | 0 | 0 | 0 | 5 | 0 | 0 | 0 | 0 | 0 | 18 |
| PREVIOUS YEAR TOTAL | 11 | | | 12 | | | | | | 6 | | | | | | 18 |

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| | | Number of Employees (Report employees in only one category) | | | | | | | | | | | | | | |
|---|------------------------|--|------------------------------|--------------------------------|----------------------------------|---|--------------|---|------------------------|---------------|---------------------------------|---|-------------|---|-------------------|-------------|
| Job Categories | | Race/Ethnicity | | | | | | | | | | | | | | |
| | Hispanic or Latino | | Not-Hispanic or Latino | | | | | | | | | | | | Total | |
| | | Laurio | | Male | | | | | | | Female | | | | | |
| | M | Aale | Female | White | Black or African American | Native Hawaiian or Other Pacific Islander | Asian | American Indian or Alaska Native | Two or more races | White | Black or African American | Native Hawaiian or Other Pacific Islander | Asian | American Indian or Alaska Native | Two or more races | 0387-247-00 |
| | | A | В | С | D | E | F | G | н | Î | J | к | L | М | N | 0 |
| Executive/Senior Level Officials and Managers | 1.1 | | | | | | | | | | | | | | | 0 |
| First/Mid-Level Officials and Managers | 1.2 | | | | | | | | | | | | | | | 0 |
| Professionals | 2 | | | | | | | | | | | | | | | 0 |
| Technicians | 3 | | | | | | | | | | | | | | | 0 |
| Sales Workers | 4 | | | | | | | | | | | | | | | 0 |
| Administrative Support Workers | 5 | | | | | | | | | ı | | | | | | 1 |
| Craft Workers | 6 | | | | | | | | | - | | | | | | 0 |
| Operatives | 7 | | | | | | | | | | | | | | | 0 |
| Laborers and Helpers | 8 | | | | | | | | | | | | | | | 0 |
| Service Workers | 9 | | | | | | | | | (I) | | | | | | Ţ |
| TOTAL | 10 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 0 | 0 | 0 | 0 | 0 | 2 |
| PREVIOUS YEAR TOTAL | 11 | | | | | | | | | 2 | | | | | | 2 |
| SECTION IV - Report of Discr | imination | Complai | ints Pursua | nt to 47 CFI | 22.321, 23.5 | 5, 90.168, 101 | .4, and 101 | .311. | | | 1 | | | * | | |
| This is to advise th company before all This is to advise the (Attach a list indication). | ny body ha e Commis | aving con ssion that | petent juris the followin | diction in suc g complaints | th matters dur alleging viola | ing the calendations of the pro | ar year cove | red by this rep ny equal empl | ort. Joyment opport | unity statute | have been file | ed against this | company. | | | |
| SECTION V - Certification I certify that to the best of my kn | nowledge. | informati | on, and beli | ef, all statem | ents in this re | port are true ar | nd correct | | | | | | | | | |
| | | | me of Person | 1.11 | | | Signature | 1 | 7 | 120 | | 4 | Telephone I | No. | | |
| | Anne | nne Schuhknecht Sigritature Sigritature Sigritature Sigritature Sigritature (870) 425-3100 | | | | | | | | | | | | | | |
| Title of Person Signing Vice President & S | ecreta | ıry- F | inance | | | FALSE STATE ATION LICENS | | | | | | | | | 1) AND/OR RE | VOCATION |